

### PACKET INDEX

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Please check your packet, if any of the six (6) forms or letters is missing you will need to return to Franklin City Hall and request a copy of the form.  
Franklin City Hall is open Monday through Friday 8:00 am to 4:00 pm.

**\*Note: Complete and Mail the Blue B.M.V. Form A.S.A.P.** Sometimes mail delivery is slow and time is short.

ANY QUESTIONS SHOULD BE DIRECTED TO THE FIRE DEPARTMENT.  
THE FIRE DEPARTMENT CAN BE REACHED AT 736-3650 M-F, 8AM-4PM.  
**DO NOT CALL CITY HALL.**



## REQUEST FOR PERSONAL INFORMATION DRIVER SERVICES

State Form 48430 (R3 / 3-03)

Approved by State Board of Accounts, 2003

"Personal Information" consists of the following: name, address, Social Security number, driver's license number, medical or disability information, photographs, computer images and telephone number. All other information may be provided.

Place an "X" in front of the category that describes your reason for obtaining the records being requested. If applicable, after your selection provide the additionally requested information. You may mark only one category per request form. Only those persons who are listed below may receive personal information."

### I AM:

- ☐ A law enforcement official with an official need for these records. **Badge #:** \_\_\_\_\_
- ☐ A court official with an official business need for these records. **Court Official #:** \_\_\_\_\_
- ☐ A representative of a local, state, or federal agency, or an elected local state, or federal official with an official need for these records. **Jurisdiction and Title:** \_\_\_\_\_
- ☐ The legal representative of the person(s) named in the records. **Attorney number:** \_\_\_\_\_
- ☐ An attorney not representing the person(s). These records are necessary for legal business involving the person(s).  
**Attorney number:** \_\_\_\_\_
- ☐ An individual or representative of an organization which needs these record(s) in connection with a civil, criminal, administrative, or arbitration proceeding before a court, a government agency, or a self-regulatory body.  
**Organization:** \_\_\_\_\_
- ☐ A representative of the insurance industry or a self-insured entity. These records are necessary for claims investigation, anti-fraud activities, insurance rating, or underwriting. **Organization:** \_\_\_\_\_
- ☐ A representative of a private toll transportation service with a legitimate business need for these records.  
**Toll transportation service:** \_\_\_\_\_
- ☐ A representative of a licensed private investigator or security service which needs these records for an legitimate business purpose. **Professional license #:** \_\_\_\_\_
- ☐ An individual or representative of an organization which need these records in the normal course of business. Personal information will be provided only to verify personal information provided by the requester. If the information provided by the requestor is incorrect, the BMV will provide the correct information only if its disclosure is necessary to prevent the person(s) from committing fraud, for the pursuit of legal action, or in connection with the collection of a debt or security interest. **Organization:** \_\_\_\_\_
- ☐ An individual or representative of an organization which will use these records to provide notice to owners of towed or impounded vehicles. **Organization:** \_\_\_\_\_
- ☐ An individual or representative of an organization which will use these records in regard to motor vehicle or driver safety and theft, motor vehicle emissions, product alterations, recalls or advisories, performance monitoring of motor vehicles, motor vehicle parts, or dealers, or the removal of non-owner records from the original owner records of motor vehicle manufacturers. **Organization:** \_\_\_\_\_

- ☐ An individual or representative of an organization which will use these records for research activities and statistical reports. The personal information provided may not be published, re-disclosed, or used to contact the affected person(s).

Organization: \_\_\_\_\_

- \* ☐ The person named in these records.
- \* ☐ The parent or legal guardian of the minor person(s) named in these records.
- \* ☐ An individual or representative of an organization which has written permission to receive this/these document(s) from the person(s) or his or her parent or legal guardian if the person is a minor. A copy of the document granting this permission is attached. This document includes the name of the requester, a statement of permission for the Indiana Bureau of Motor Vehicles to release the personal information, the printed name and notarized signature of the individual whose personal information is being obtained, and the date the permission was granted.
- \* ☐ The employer of the person(s) or its representative. These records are necessary to comply with federal laws regarding commercial driver's licenses. Organization: \_\_\_\_\_
- \*\* ☐ A person required by law to give notice to a previous owner of a motor vehicle (*including a person an applicant for a mechanic's lien title or Affidavit of Ownership title*).

☐ None of the above. Personal information regarding the person(s) will not be provided.

\* *For vehicle records purposes, no personal information of any prior owners of the vehicle will be provided.*

\*\* *For vehicle records purposes, only the personal information of the most recent owner of the vehicle will be provided.*

**By law, personal information may NOT be resold or re-disclosed for the purpose of distributing surveys, marketing or solicitation.**

"A person requesting the disclosure of personal information from Bureau Records who knowingly or intentionally misrepresents the person's identity or makes a false statement to the Bureau on an application required to be submitted under this chapter commits a Class C misdemeanor." IC 9-14-3.5-15

"The Bureau may disclose personal information to a person if the person requesting the information provides proof of identity..." IC 9-14-3.5-10

Printed name	Signature		Date (month, day, year)
Driver license number	State of issuance	Expiration date	Date of birth (month, day, year)

Signature of BMV CSR	Branch	Date (month, day, year)
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## REQUEST FOR BUREAU RECORDS

The Indiana Bureau of Motor Vehicles' records are open to the public. All requests for records must be in writing. Please complete the following application for drivers license record. You must complete a separate application for each license record you are requesting.

**NOTE: The Bureau cannot disclose a person's Social Security number, Federal Identification number, or Driver's License number.**

**INSTRUCTIONS:** Make cashier's check, money order or personal check payable to: Bureau of Motor Vehicles  
Driver Records / IGCN  
100 N. Senate Ave., Room N405  
Indianapolis, IN 46204  
Telephone: (317) 232-2894

**TOTAL DUE: \$** \_\_\_\_\_

Name of person or business making request (first name, middle initial, last name)

Mailing address of person or business making request (number and street or rural route)

City

State

ZIP code

*Please complete form below for driver information requested.*

Name of driver (first name, middle name, last name)

Driver's license number

Date of birth (month, day, year)

*Place a check mark next to the driver information you are requesting.*

☐ **Driver's License Record (ODR / MVR)**  
Fee: \$4.00

☐ **Certification of Record**  
Fee: \$4.00 + (plus)  
Record Fee: \$ \_\_\_\_\_

☐ **SR 21 - Proof of Insurance  
at time of Accident**  
Fee: \$4.00

Date of loss (month, day, year)

Name of adverse driver

Location of accident

Name of insured driver

☐ **Driver's License History**  
Fee: \$8.00

A driver's license history is a driver record plus photo copies of underlying documents:

**Please specify documents being requested:**

**Driver's License  
Record (ODR / MVR)**  
Fee: \$4.00

A driver's license record includes:  
1. Driver's name and address  
2. Physical description  
3. Type of license issued, status and any restrictions  
4. Issue and expiration date  
5. List of tickets / violations etc.  
Processing time is 7 - 10 working days

**Driver's History**  
Fee: \$8.00

A driver's history includes all information listed under Driver's License records and phot copies of SPECIFIED documents. Processing time is approximately 2 - 8 weeks.

**Certification  
of Records**  
Fee: \$4.00 plus  
Record Fee

A certified record is admissible in a court of law. The record is certified as being a copy of the original documents.

**SR 21's  
Proof of Insurance**  
Fee: \$4.00

Proof of insurance at the time of an accident. It takes approximately 120 days, from the date of the accident, before the information is available to the customer.



*Dick Midkiff, President  
Gene White, Vice President  
John Jackson, Sheila Barr,  
Bridgette McKnight  
Jim Admire, Council*

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*City of Franklin Fire Department  
Franklin Fire Merit Commission  
Franklin, In 46131*

Attention Paramedic/Firefighter Applicants:

Thank you for your interest in the Franklin Fire Department! The Department, along with the Fire Merit Commission, has initiated a process that will culminate the establishment of an eligibility list of qualified candidates from which Paramedic/Firefighter vacancies will be filled during a one span that will commence in the future.

Applicants **MUST** meet the following requirements:

1. Be a citizen of the United States
2. Be at least twenty-one (21) years of age and no older than thirty-six (36) by the hire date (unless already in Indiana PERF)
3. Be a high school graduate or have achieved it equivalent (GED)
4. Possess a valid Indiana Drivers license.
5. Must not be a convicted felon.
6. Submit an official application that is complete, non-evasive, and accurate in all respects. Newly employed Paramedic/Firefighters must meet Indiana's residency requirement (IC-36-8-4-2) in their initial one-year probation.
7. Have a valid Candidate Physical Ability Test (CPAT) card dated less than six (6) months prior to date of written test.

Components of the application process are:

1. Application packets must be picked up by the applicant or that persons' next of kin, at Franklin City Hall, 55 West Madison Street, Franklin, IN during the weekdays from December 5 -December 23<sup>rd</sup> between the hours of 8:00 a.m. and 4:00 p.m.
2. The completed application and the documentation that is required to accompany it, must be turned in at Franklin City Hall no later than 4:00 p.m. on January 12, 2009.
3. Those who have submitted applications must have a valid CPAT card (See #7 above) for further consideration. **This card must be shown at the time of the written test. There will be no exceptions.**
4. A general, multi-dimensional written test will be administered to eligible applicants on February 7, 2009 in a morning and afternoon session, totaling as much as seven hours. The Test will be held at Beeson Hall. All Applicants will be notified in writing of the specific time. Applicants scoring less than eighty-five



percent (85%) of the test's total value will be eliminated as candidates.

5. Top scoring applicants on the written test will be scheduled for individual interviews by a panel that will evaluate the poise, communication skills and general awareness of each. The interviews will be held on February 28<sup>th</sup> at Beeson Hall. All Applicants will be notified in writing of the specific time. These attributes, in addition to the written scores, will be the basis for the formation of a ranked list of qualified candidates from which vacancies will be filled.

Materials **REQUIRED** to be submitted with the completed application (Copies only):

Certified copy of birth certificate (from County Health Dept.) or Naturalization papers.

Copy of High School Diploma or GED Certificate

Three(3) self addressed stamped #10 envelopes

\*Authorization to Release Information Form

\*Condition of Employment Form

(\*Forms enclosed)

Documents that may be submitted if pertinent or available.

Copy of Military Discharge

Copy of college diploma and/or technical training certificate

\*Fire/EMT/Paramedic service affiliation information

(\*forms enclosed)

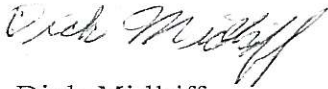
**It is important that applicants fill out" Request for Personal Information Driver Services": form and mail \$4.00 fee to: Bureau of Motor Vehicles, Driver Records/IGCN, 100 N. Senate Ave., Room N405, Indianapolis, IN 46204, so that information is returned to us in a timely manner. (form enclosed)**

The importance of the members of the Franklin Fire Department to the community demands that every effort should be made to select those who possess the physical, mental, moral and emotional characteristics to best perform their duties. The information elicited from applicants is to be used for this purpose and will not be divulged to anyone without a legitimate need to know.

The Franklin Fire Department is an equal opportunity employer and does not discriminate in hiring or employment practices on the basis of races, color, sex, religion, creed, national origin, ancestry, handicap as defined by law, or does not discriminate on the basis of handicapped status in

by law, or does not discriminate on the basis of handicapped status in admission or access to, or treatment of, or employment in its programs or activities or political affiliations, or on the basis of age, except when age or physical requirements constitute a bona fide occupational qualification necessary for proper and efficient administration or as provided by law.

Good Luck!

A handwritten signature in cursive script, reading "Dick Midkiff". The ink is dark and the signature is fluid.

Dick Midkiff  
Franklin Fire Merit Commission

**FIREFIGHTER APPLICATION**  
**FRANKLIN FIRE DEPARTMENT**  
Franklin, IN 46131

NOTE: This application MUST be completed by the APPLICANT either typed or clearly printed in ink or ballpoint. Complete all sections or, when appropriate, state "None" or "Does not apply."

**PERSONAL DATA**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

MIDDLE INITIAL \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ PHONE \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

SCARS / DISTINGUISHING MARKS \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_ PHONE \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO

**REFERENCES** (List four (4) non relatives)

NAME	ADDRESS	PHONE	OCCUPATION



## EDUCATION

List your formal education experiences:

School	Name and Address	Course of Study	Attendance
Jr. High or Middle School			_____ to _____
High School			_____ to _____
College			_____ to _____
Graduate			_____ to _____
Other			_____ to _____

List any technical/vocational training you have received:

Name and Address of School	Length of Training	Skills Attained	Certificate Received?
			Yes / No
			Yes / No
			Yes / No

## RESIDENCES

List all previous residences (within the past five years), beginning with your present address.

Dates	House Number and Street	City	State or Country

## EMPLOYMENT

Starting with your present or most recent employer, list employment history including part-time temporary/seasonal work and all periods of unemployment.

Dates	Name and Address of Company	Types of Work Performed

May we contact your present employer? ☐ Yes ☐ No

## MILITARY SERVICE

Selective Service # \_\_\_\_\_ Branch of Service \_\_\_\_\_

Last Classification/Rank \_\_\_\_\_ Current status \_\_\_\_\_ Type of discharge \_\_\_\_\_

Service Connected Training \_\_\_\_\_

While in the military, were you ever convicted of any offense by a deck court, summary, special or general court martial? ☐ Yes ☐ No. If yes, when and what was the nature of the conviction? \_\_\_\_\_

The Franklin Fire Department supports the U.S. Reserves, National and State Guards. Are you a member of any of these organizations? ☐ Yes ☐ No.

If yes, which organization, unit and location \_\_\_\_\_

In the space provided, explain in your own words why you are interested in becoming a firefighter.

**SIGNATURE**

**NOTICE TO APPLICANT:**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO INFORM THE DEPARTMENT OF ANY ADDITIONAL INFORMATION RELATING TO ANY QUESTION RAISED ON THE APPLICATION WHICH OCCURS FOLLOWING ITS SUBMISSION. I REALIZE THAT MISREPRESENTATION OF FACTS OR THE FAILURE TO UPDATE ANY INFORMATION RELATING TO THE APPLICATION MAY BE CAUSE FOR REJECTION OF THIS APPLICATION OR DISMISSAL AFTER EMPLOYMENT.

\_\_\_\_\_  
Applicant's full printed name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**FIRE MERIT COMMISSION  
FRANKLIN FIRE DEPARTMENT  
CITY OF FRANKLIN, INDIANA**

**FIRE/EMT/PARAMEDIC AFFILIATION INFORMATION**

Please provide the following information if you have ever maintained an active affiliation with a Fire Department or an Emergency Medical Technician (EMT) Service:

Applicant's Printed Name \_\_\_\_\_  
(last) (first) (middle initial)

Indiana Fire Certificate Number \_\_\_\_\_ Level \_\_\_\_\_

Indiana Fire Certificate Number \_\_\_\_\_ Level \_\_\_\_\_

EMT Certificate Number \_\_\_\_\_

Paramedic Certificate Number \_\_\_\_\_

**Fire Department/EMT/Paramedic Service**

Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Officer to Contact  
for verification \_\_\_\_\_

Phone Number \_\_\_\_\_

**Date(s) of Active Service As:**

Volunteer Firefighter/EMT From \_\_\_\_\_ To \_\_\_\_\_

Volunteer Firefighter/EMT From \_\_\_\_\_ To \_\_\_\_\_

Career Firefighter/EMT From \_\_\_\_\_ To \_\_\_\_\_

Career Firefighter/EMT From \_\_\_\_\_ To \_\_\_\_\_

Volunteer Paramedic From \_\_\_\_\_ To \_\_\_\_\_

Career Paramedic From \_\_\_\_\_ To \_\_\_\_\_

Applicant's Signature \_\_\_\_\_



Jim Reese, Chief  
Justin Lollar, Deputy Chief

MAIN (317)736-3650  
FAX (317)346-1228

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City of Franklin Fire Department  
1701 N. Main St.  
Franklin, In 46131

### Condition of Employment

I understand that if I am employed as a probationary Paramedic/Firefighter with the Franklin Fire Department, they retain the right and I will permit further drug testing, including cannabinoids during my probationary year without notice and throughout the duration of my employment with the Franklin Fire Department.

I specifically agree that if I refuse to take a urinalysis test or if any controlled substance test registers positive above Department standards my employment with the Franklin City Fire Department will be reviewed. If the results after a review affirm a drug problem, I may be terminated.

\_\_\_\_\_  
Applicants Printed Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Dated

I attest that the applicant and the two witnesses appeared before me on \_\_\_\_\_.

\_\_\_\_\_  
Notary

\_\_\_\_\_  
My Commission Expires

## AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize and request all persons to whom this request (original or reproduction) is presented, having information relating to or concerning me, to furnish such information to a duly appointed employee or representative of the Franklin Fire Department or the Franklin Fire Merit Commission.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby expressly waive all privileges which may attach to such communication or disclosure and release all persons, firms and corporations from all claims, of any nature, as a result of said communications or disclosure.

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printed name of applicant

---

signature of applicant

---

date





*Emergency Services Education Center*

Wayne Township • Marion County • Indiana

700 N. High School Road, Indianapolis, IN 46214 (317) 270-5703 fax (317) 248-7931 www.esecindy.org

# CPAT

## Candidate Physical Ability Test

**CPAT Orientation Cost: \$120.00 per student. Orientation start time is at 8:00 a.m.**

\$120.00 pays for Orientation, 2 practices, CPAT Test and your CPAT card upon successful completion.

**CPAT Renewal or Retest Cost: \$50.00 Test/Retest/Renew times start at 8:30 a.m.**

*ESEC CPAT CARD IS GOOD FOR ONE YEAR AFTER DATE OF ISSUE*

CPAT is a sequence of eight events requiring you to progress along a predetermined path from event to event in a continuous manner. This test was developed to allow fire departments to obtain pools of trainable candidates who are physically able to perform essential job tasks at fire scenes. This is a validated pass/fail test based on a maximum total time of 10 minutes and 20 seconds. All props were designed to obtain the necessary information regarding your physical ability. The tools and equipment were chosen to provide the highest level of consistency, safety and validity in measuring your physical abilities. The events are placed in a sequence which best simulates fire scene events while allowing an 85 foot walk between events. This walk allows for approximately 20 seconds recovery time before each event. The eight events are stair climb, hose drag, equipment carry, ladder raise and extension, forcible entry, search, rescue, ceiling breach and pull.

Each student will attend one CPAT Orientation day and will be eligible to take the CPAT Test (8) eight weeks later (*You may choose the option to sign a waiver and test sooner, the waiver will be given to you to sign before you can take your CPAT test.*).

CPAT Orientation is at 8:00 AM. CPAT TEST times are set individually by email or telephone – starting at 8:30 a.m. and running in 2-hour increments. It is very important that you be on time for both Orientation and Test appointments. If you are late, it is possible that you will have to re-schedule to another date.

CPAT Facility Location: 400 N. High School Rd., Indianapolis, IN 46214

*DIRECTIONS:* From I-465 Exit at West 10th Street, make an immediate left turn (south) on High School Road. CPAT Building entrance is located between 10<sup>th</sup> St. & Rockville Rd. (just south of pond). Access road to the CPAT building is designated with a large stone sign with ESEC and Indy West Conference Center on it. There is also an American flag. Turn right. Go through parking lot to a T and look to your left - CPAT Building is clearly marked at the end of the road. Another landmark to look for on the property is the WTFD Fire Tower.

Dear Applicant:

Thank you for applying for a position with the Franklin Fire Department. This letter contains important information about the written aptitude test. You should read this letter carefully to be sure that you understand the procedures that will be used during the administration of the written test.

The department has received more applicants than there are available positions. As a result, the department has established a competitive application process. This application process is designed to ensure that the selection of new recruits will be accomplished in a fair and objective fashion.

**The written aptitude test will be administered on Saturday, February 7, 2009 at Beeson Hall, 484 South Street in Franklin. YOU MUST ARRIVE BY 9:00 A.M.**

**Eligibility requirements for the Franklin Fire Department include:**

- **Must turn in completed application by 4:00 pm on Jan 12, 2009**
- **Recommended to turn in BMV driving record with application, but due before test date (February 7, 2009)**
- **For bonus points, must submit proof of Firefighter I and II at the written exam**
- **Must be certified as a paramedic at the time of hiring**
- **Must complete CPAT by the time of hiring**

The schedule for the written aptitude test is as follows:

<b>10 minutes</b>	<b>Instructions for Study Period</b>
<b>2 hours</b>	<b>Study Period</b>
<b>½ hour</b>	<b>Break</b>
<b>15 minutes</b>	<b>Instructions for Exam</b>
<b>1 ½ hours</b>	<b>Examination</b>

A description of the written aptitude test procedures is presented below. Please examine these procedures to ensure that you fully understand them, since each applicant has the responsibility of informing the department of any difficulties or problems created by these procedures. Applicants who wish to report any concerns about these procedures should contact the department no later than one week prior to the examination date.

The study session will begin immediately after the completion of the registration period. The instructions for the study session will be read aloud by a test monitor. During the study session, each applicant will be given two (2) hours to study a variety of printed materials. These materials will include printed text, line drawings, written instructions, and pictures. These study materials are the basis for the aptitude test, which will be administered later in the morning.

Applicants are allowed to make written notes about the study materials. However, these notes must be written on paper that will be provided by the test monitor. Also, each applicant must turn in his/her notes to the test monitor at the conclusion of the study session.



## Register for Orientation Date:

You may register online at [www.esecindy.org](http://www.esecindy.org) Please print a registration form and fill it out. You may pay with Visa or MasterCard, and FAX to Nancy Phillips at 317-248-7931 - or by mailing a \$120.00 check made payable to: ESEC, 700 N. High School Rd., Indianapolis, IN 46214. Nancy Phillips can also take your registration over the phone provided you can have a Visa or MasterCard when you call. Class MUST be paid in advance – at least by Friday at noon prior to the Orientation/Test Date so we can get you on the schedule and make sure there are enough proctors and materials for your training.

## Reserve a Test date:

When you register by selecting a date for CPAT Orientation, you will be eligible to take your CPAT Test (8)weeks later. This is the recommended waiting period set by the International Association of Firefighters (Note: You can test exactly 8 weeks later or anytime after the 8 week period). You will select the date you want to take the CPAT test (*based on the available dates listed.*) **(IF YOU CHOOSE TO WAIVE THE 8 WEEK WAITING PERIOD, YOU MUST SIGN A WAIVER THE DAY OF YOUR TEST)**. If you want to test the same day you attend Orientation, you must still register for Orientation and follow the directions below to set your test date and test appointment time. You can designate on your registration form that you want to take CPAT Orientation and test on the same date. You will receive an e-mail confirmation if you provide an e-mail address.

When you decide on a CPAT Test date, please contact ESEC within 10 days of the date you choose for testing. We will NOT automatically put your name on the test date following the 8-week practice period. You will need to select the date and contact ESEC to get on the schedule. You will receive a confirmation for test date and time.

**Due to the high volume of telephone calls, we prefer you E-mail your desired Test Date to: [info@esecindy.org](mailto:info@esecindy.org).** You will receive a replied e-mail with confirmation of your test date and time. If you do not have access to email, please call (317) 270-5703.

## Register for Retest or Renew a CPAT Card:

You may register online at [www.esecindy.org](http://www.esecindy.org)

Print a Registration Form and complete it. Register by paying \$50.00 and select the date you desire to test. You will receive an e-mail reply confirming an appointment time. You may pay with Visa or MasterCard and FAX to ESEC at 317-248-7931 or by mailing a check, made payable to: ESEC, 700 N. High School Rd., Indianapolis, IN 46214

## Upcoming Dates for CPAT Orientation/Testing/Renew/Re-test:

12/6/08	12/13/08	1/10/09	1/17/09	2/7/09	
2/14/09	2/28/09	3/14/09	3/28/09	4/11/09	4/25/09
5/9/09	5/30/09	6/13/09	6/27/09	7/11/09	7/25/09
8/8/09	8/22/09	9/12/09	9/26/09	10/10/09	10/24/09
11/7/09	11/21/09	12/5/09	12/19/09		



During the study session, you may take as many breaks as you would like. Please note, however, that these breaks will shorten the amount of time that you will have for studying.

You may leave early from the study session. However, once you decide to leave from the study session you must turn in your materials, and you will not be allowed back until the registration period for the test.

Applicants will be given a half hour break for lunch/snack. Lunch will not be provided. Instead, you will be required to leave the building and to provide your own lunch. There are a number of restaurants in the immediate area.

The test session will begin with the re-registration of each applicant. Instructions for the test will be read aloud by the test monitor. The test will require that applicants read printed materials and record their answers on an optically scanned computer sheet. Applicants will be required to use a pencil to record their answers. You will have one and one-half (1 ½) hours to complete the written examination.

All questions on the examination will be drawn directly from materials provided during the morning study session. You must learn the study materials presented during the morning to do well on the examination. Note this important instruction: You will not be allowed to take the exam if you did not attend and register for the morning study session.

**Do not bring notebooks or other study materials with you to the testing site.**  
**All necessary materials, including note paper, will be provided to you.**

Listed below are some tips that might help to make your test date more comfortable and successful:

- 1) Answer every question on the test, even if you have to guess - there is no penalty for guessing.
- 2) Take your time - there should be plenty of time in both the study session and the test period.
- 3) Bring a snack or money to buy lunch - lunch will not be provided.
- 4) Arrange for transportation - you may need a ride to get to restaurants and you must leave the test site during the break.
- 5) Listen carefully to the monitor's instructions.
- 6) Make certain that your answers are entered into the correct spaces on the answer sheet.

- 7) If you have trouble with a particular question, skip it and return to it later.
- 8) Be certain that you really understand the material in the Study Guide.
- 9) Get a good night's rest before the test.
- 10) Try to relax as much as possible during the test.

Be sure to wear comfortable clothing. Also, you should bring along picture identification such as a driver's license.

Smoking will not be allowed in the study/examination room(s). However, applicants may take as many breaks as they wish during the study session.

If you need additional information or wish to report a difficulty associated with the pre-employment testing procedures, call the President of the Franklin Fire Department Merit Commission, Richard Midkiff, at (317) 222-1381.

Sincerely,

A handwritten signature in cursive script that reads "Dick Midkiff".

Franklin Fire Department Merit Commission